SARS: The Cost of Caring

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Events

• 1st March 2003 – First admission of SARS patient
• 2 weeks later – 6 more patients (2 healthcare workers)
• 16th March 2003 – Disease has a name SARS – Severe Acute Respiratory Syndrome
• 22nd March 2003 – TTSH & CDC designated facilities for SARS treatment
• End of March 2003 – 80 cases and 4 deaths in the month
Temperature taking and PPE (personal protective equipment) of mask, gown, gloves and goggles were made compulsory

PPE to protect staff from patient

Temperature taking to protect staff from staff

Use of N95 masks for all staff (22/3/03)

No resignation & no refusal to go to SARS wards

Lack of knowledge of infection – first paromyxovirus then corona virus

1st week of April 2003 – Wards 57 7 58 SGH with 11 probable SARS were moved to TTSH
Aura of uncertainty/general chaos of situation

Psychological impact vs aspect of disease

Varied profound emotional responses, conflicts seemingly insurmountable problems and adaptations
Findings were from:
Feedback obtained at over 10 peer group sessions
Interviews with 7 involved social workers
Fear
Infection seem unending

“I am safe today but what about tomorrow and the day after”
Colleagues fell ill

Patient after patient succumbed to the illness
Loved ones at risk
Fear of hugging one’s child
Fear of transmitting virus to family members
Families kept in the dark about the situation – secretiveness

Endure without family support
Isolation

- Avoided relatives
- Shunned by public/neighbours
- Stigmatization
- Discouraged from intermingling/facing 4 walls
- Bent rules – spent time with patients
OUT OF BOUNDS
Life in SARS wards
Red inking of names – not a familiar practice
Empty beds – beds cleared – not to the convalescent wards but to the mortuary

Death sentence

May not leave the place alive
Need to maintain a heightened state of alertness – fear of making a slip

Work tended to be repetitive
Fatigue and restlessness set in
Going through 10 day cycle
Lack of sleep – wake up at night
Roller coaster ride of emotions
Motivation

• Sense of duty and responsibility – innate
• Constant ambivalence – call of duty vs personal safety
• Belonging to TTSH
Use words like

“I fight SARS”

“Nobody quits, I don’t quit”

“I am strong”

“I won’t get SARS”
Psyched oneself in the mirror every morning
Caring for colleagues

• Difficult emotion, one moment colleague, next moment patient
• Capability to nurse colleague well versed in treatment procedure
Questions asked

• Will I be next?
• What will happen if I get the disease?
• What will happen to my family?
• Will compensation be equitable to my life?
• Does anyone really care?
• Is it worthwhile to give my life just like that?
• Will I become a mere statistic at the end of the day as it so often happens?
• Will anyone except those closet and dearest to me miss me?
Survivor’s guilt

• Did we miss anything?
• Could we have done more?
• What went wrong?
• Effect of cumulative losses – need to postpone grieving due to sheer workload
Anger came in many forms:
At inability to conquer disease
At colleagues shirking work/ on leave
At public
Coping methods – cognitive restructuring
Feeling guilty about anger
Problem of translocation

- Frequent redeployment – new areas or responsibilities – lots of uncertainties – frequent changes of rosters
- Doctors under pressure to get things done fast
- Different management styles
Support from Philanthropists in the form of food and contribution

Support of family members

Mutual support of colleagues, mere colleagues became friends

Buying food, free cinema tickets

Landlords apologizing to nurses for turning them out of flats
Knowledge and Experience

“I have no experience of this type of work even though I have been in the profession for several years – it all came suddenly.”
Death to young and relatively healthy – sudden

Hospital restriction to close viewing of the deceased

Not able to touch – sealed in a bag

Language barrier
Therapeutic environment

- Lack of human touch
- Difficult counselling situation
- Faceless therapist
- Limited time for therapy – dissatisfied
- “I have no answers to patient’s many whys”
- One moment asleep, next moment gone
- “It is emotionally draining, I think seven would be the maximum number of patients I can see in the intensive ward.”
The extra mile

• Provide link with the outside world
• “Journeying with the patient, sharing hopes of recovery, fears, anxieties and sorrows”
• Use of tape recorder, telephone
• Buying favourite food
• Breaking bad news
Need to turn to spirituality

Importance of peer support
Personal involvement

• Fear, loneliness, confusion, anger
• Family concern, obsessional behaviour
• Daughter’s involvement
• Hypnosis session
• Cousin’s death
• Group sessions in the wards
• Guilty about advice to colleague
• Patient care
Conclusion

It forced healthcare workers to be creative, going beyond conventional practice to develop new ways of helping.

Their wisdom, common sense and their humanness were the essence of their approach which proved effective.
SARS strengthened and reshaped healthcare workers’ feelings of competence and capability.

They emerged from this experience with a new look at life – its fragility and transience.

They learnt the important lesson of self discovery.

We continue to weep for those we lost.

Healthcare workers made great sacrifices.
“I do not kiss my child so that others can kiss their children”